

**Submit this application WITH YOUR CURRENT RESUME to the Board's Examination Unit at the above address**

Section A PERSONAL INFORMATION										
Last Name						First Name			MI	
Street Address					City			E-Mail		
State		Zip			Home Phone	( )		Work Phone	( )	
FAX	( )				Pager	( )		Cell	( )	
License Type		License Number			Expiration Date			Other licenses		
Completion of the following fields are OPTIONAL:										
Race/Ethnicity					Date of Birth			Gender		

Section B REQUIREMENTS	
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Do you currently perform a minimum of twenty hours of training, supervision, education, or clinical experience per week?

☐ No ☐ Yes

How many hours of face-to-face therapy do you perform per week? \_\_\_\_\_ hours

How long have you been working in the field under your license? \_\_\_\_\_ years

What is your Degree Title?

(i.e., MS in Psychology)

What Date was your Degree awarded?

Section C QUESTIONNAIRE	
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Have you ever served as an Oral Examiner for the Board?

☐ No ☐ Yes

If YES, when did you last serve as an Oral Examiner? \_\_\_\_\_

Have you ever participated in an examination development workshop (as an SME) for the Board?

☐ No ☐ Yes

If YES, when did you last participate in a workshop? \_\_\_\_\_

	Name	Phone Number
Please Provide	_____	_____
Two References	_____	_____

*I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality notice.*

Signature

Date